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
**ENHANCING RESILIENCE THROUGH POST-DEPLOYMENT DECOMPRESSION:
A SOFTER APPROACH TO SHARPENING THE WARRIOR EDGE**

SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF MILITARY STUDIES

BY
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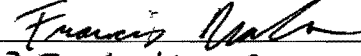
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EXECUTIVE SUMMARY

Title: Enhancing Resilience Through Post-Deployment Decompression: A Softer Approach to Sharpening the Warrior Edge

Author: Major Jennifer Marino, United States Marine Corps

Thesis: A tailored decompression period designed to enhance specific resilience factors would assist Marines and Sailors in managing the transition from deployed operations to home, better prepare them to endure the stressors of follow-on deployments or civilian life, and increase resilience of the force.

Discussion: The past decade of long and repeated deployments in support of two overlapping conflicts has resulted in alarming increases in substance abuse, suicide, marital problems, and veteran homelessness. Even for servicemembers not exposed to combat trauma, coping successfully with cumulative deployment stress and fatigue is a daunting task that tests the resilience of returning warriors and that of their families. Military leaders and mental health professionals have invested significant time and resources in the crusade to develop effective resilience initiatives that foster well-being and enhance readiness. Although the Marine Corps has developed successful prevention-focused programs to address resilience, the addition of a complementary post-deployment decompression program could enhance mitigation of the long-term negative consequences of combat and operational stress. A decompression framework combining conventional psychotherapy techniques and Complementary and Alternative Medicine (CAM) modalities to specifically support evidence-informed resilience factors would arm warriors with increased self-awareness and coping strategies. Insight from Marine combat leaders will inform recommendations for the way ahead with regard to post-deployment decompression.

Conclusion: The Marine Corps' role in current conflicts will continue to draw down, but new challenges will emerge, and the demands placed on warriors and their families will persist. Efforts to allay the effects of Combat and Operational Stress (COS) through decompression must keep pace in order for the Marine Corps to remain an effective and resilient fighting force that is ready to answer the nation's call.

PREFACE

My interest in warrior resilience has developed over the past several years as I have witnessed the great sacrifices made by our military members and their families during a decade of persistent conflict. My experiences as a Marine combat veteran, a military spouse, and a student of psychology have sparked my desire to be a part of the effort to strengthen the well-being and resilience of our all-volunteer force. This paper is intended to offer suggestions for enhancing resilience in the Marine Corps through post-deployment decompression for Marines, Sailors, and their families. At the very least, it aims to generate conversation on the subject.

I would like to thank my advisor, Dr. Rebecca Johnson; Lieutenant Colonel Brian Christmas, USMC; Lieutenant Colonel Stacey Smith, USAF; Kevin Zachery; and Christine Bath-Zachery for their guidance and encouragement during my research and writing process. Additionally, I gratefully acknowledge the support of Ms. Trish Powell, of the Marine Corps COSC office, and of the phenomenal Marine leaders who provided me with tremendous insight and perspective. This is for all of you—and for the brave Marines and Sailors you are privileged to lead.

“Given the current demands placed on our forces, a Service member’s resilience—the ability to withstand, recover, grow, and adapt under challenging circumstances—is vital to readiness and mission accomplishment. Without resilience, Service members and their families are at risk of burnout, psychological stress, and physical danger due to impaired functional abilities.”

--CJCSI 3405.01 (Chairman’s Total Force Fitness Framework)¹

Introduction

No one comes home from war unchanged. This is true on both a physiological and a psychological level. Deployment to a war zone, which is a form of prolonged and severe stress, can change the way in which the body adjusts to or responds to normal everyday levels of stress.² The daunting task of coping successfully with these changes has tested the resilience of returning warriors and their families. In the words of one young Marine after his return from Iraq, “The government is awesome at getting men ready for war, but they can’t quite get them back to civilian life and a humble heart.”³ This honest and sobering statement highlights a problem: that despite the ardent efforts of military leaders and mental health professionals to develop effective resilience initiatives, the deleterious effects of combat and operational stress continue to sap the well-being of our nation’s most precious national security asset—the men and women in uniform. Further, it begs the question: what more can and should be done to enable returning warriors to effectively manage the challenging transition from deployed and combat operations to life on the home front?

This paper will advance the position that a tailored decompression period designed to enhance specific resilience factors would assist Marines and Sailors in managing the transition from deployed operations to home, better prepare them to endure the stressors of follow-on deployments or civilian life, and increase resilience of the force. The following research questions will direct the effort to draw conclusions about the potential benefits of and necessity

for post-deployment decompression and serve as a starting point for further discussion on the subject:

- 1) What does decompression mean, and why is it useful?
- 2) What methods for post-deployment decompression are currently being used in the Marine Corps and other services to help servicemembers “reset” after deployment?
- 3) What skills and resilience factors do Marines and Sailors need in order to effectively transition from deployed/combat operations to life at home?
- 4) What elements ought to be incorporated into an effective post-deployment decompression evolution to support these aspects of resilience?
- 5) How does input from Marine Corps combat commanders inform this discussion?⁴

Background

Not all servicemembers who have experienced combat return home with psychological injuries, but the past decade of long and repeated deployments in support of two overlapping conflicts has resulted in alarming increases in substance abuse, suicide, marital problems, and veteran homelessness.⁵ These trends have spurred a crusade by military leaders and mental health professionals to instill a culture of resilience throughout the services. The DoD Instruction on *Maintenance of Psychological Health in Military Operations* mandates that the Military Departments’ leadership “shall foster an environment and climate of prevention and protection to enhance operational performance and mitigate the potential physical and psychological consequences of combat exposure and other military operational stress.”⁶ While individual services’ efforts to achieve this task are colored by their unique organizational culture and paradigms, there is widespread agreement that during this time of delicate balance between available resources and security needs, the health and strength of the all-volunteer force shall remain a priority. According to President Obama, “Though we must make hard fiscal choices,

we will continue to prioritize efforts that focus on wounded warriors, mental health, and families.”⁷

The Marine Corps’ approach to prioritizing mental health has evolved along with that of the greater military community. Prevention and resilience are themes that have gained great traction in recent years. In 2005, the Marine Corps established its Combat and Operational Stress Control (COSC) program as a parallel to the Navy COSC program.⁸ Navy and Marine Corps COSC employs a shared doctrine, which recognizes that preserving the psychological health of servicemembers and their families is critical to mission readiness, and as much a warfighting issue as it is a sacred duty.⁹ The stated goal of COSC is resilience, which it defines as “the ability to overcome adversity without becoming significantly affected, as well as the ability to recover quickly from whatever stress-induced distress or impairment has occurred.”¹⁰

The Operational Stress Control and Readiness (OSCAR) program, now part of COSC, was originally piloted in 1999 in 2d Marine Division. OSCAR initially encompassed the integration of mental health professionals (MHPs) and chaplains into ground combat units at the division level, but has since been expanded to aviation and logistics elements of the Marine Corps. Ideally, OSCAR MHPs and chaplains train with their Marines prior to deployment, accompany them to forward operational areas during deployment, and continue to provide support to Marines and Sailors upon return.¹¹ The intent of embedding OSCAR teams within Marine units is to decrease the stigma associated with seeking mental health care by establishing familiar relationships and enabling a shared deployment experience.

While the OSCAR concept was an undeniably positive step to foster the well-being of Marines and Sailors, the capability provided by MHPs did not provide adequate coverage at the battalion level. In response to this identified shortfall, OSCAR capabilities were extended down

to the infantry battalion and company levels, without requiring additional mental health resources, by providing special OSCAR team training to existing medical and religious ministry personnel (extenders) as well as selected warfighters (mentors).¹² OSCAR extenders bridge the gap between MHPs (at the regimental and division level) and Marine mentors, whose purpose is to help Marines and Sailors recognize and recover from stress problems in order to get back in the fight. Marines trained as OSCAR mentors are selected based on their combat deployment experience, leadership qualities, and willingness to assist and mentor other Marines when they encounter Combat and Operational Stress (COS) issues.¹³ Primarily, they engage following stressful incidents in the combat zone, but OSCAR mentors are uniquely suited to assist with COS challenges upon return from deployment as well. The trust and rapport they establish in the field with their fellow Marines is key to facilitating the transition process for those who are struggling to cope back at home.

Implementation of the innovative OSCAR concept and the broader COSC program, both of which span all phases of deployment, were crucial measures to foster resilience in the Marine Corps. Their central warrior ethos drives Marine leaders to approach the issue of redeployment and transition back to “normal” life from a position of strength, with a prevention focus. This focus on prevention should not wane upon return to home station. Although COSC training and OSCAR personnel strive to provide adequate support for Marines and Sailors throughout the deployment process, the period just after returning home presents a gap—this gap is the challenge for leaders to keep “eyes on” their warriors when they are no longer bound to the unit 24 hours a day.¹⁴ Exploiting this gap as an opportunity to facilitate decompression is a valuable way for commanders to enhance the resilience of their personnel and prepare for the next mission. During this period, the individual Marine and Sailor should become the mission, so that

when they are needed again, they are reset and ready. Building resilience is a continuous process, but this paper will focus on maintaining and rebuilding resilience during the post-deployment phase through the use of decompression.

Decompression: What Does It Mean, and Why Is It Useful?

Although the concept of decompression is not new in military settings, it has gained attention in recent years for its promise in mitigating the effects of trauma or stress experienced during combat operations, or during military operations in general. In this context, decompression is a process of gradual adaptation to the home environment, with the aim of reducing the potential for maladaptive psychological adjustment.¹⁵ In a physical sense, one might visualize decompression simply as what occurs when pressure is removed from a situation—a release. For living beings, there is a natural tendency to pause after a period of exertion—to recover mentally as well as physically. Anyone who has experienced a long period of consistent stress needs time to recover and recharge prior to undergoing the next challenge. For warriors not afforded this opportunity, the cumulative effects of combat and operational stress can result in deteriorating levels of personal well-being, with corresponding negative effects on the family as well as unit readiness.

Combat and operational stressors are commonly understood to be external events or circumstances, but stress is actually a perceived, internal response.¹⁶ While a certain amount of stress may actually enhance performance, excessive negative stress has biological and psychological consequences that reduce cognitive functioning and may bias decision-making toward more reactive, unconscious emotional choices.¹⁷ In terms of a battlefield experience, a combat stress reaction, also called an operational stress reaction, refers to an immediate reaction to severe stress, trauma, or exhaustion—the moment when a warrior reaches a “breaking point”

and needs to shut down for awhile.¹⁸ According to Dr. Charles W. Hoge, combat stress reactions can happen to anyone, and can manifest as virtually any physical symptom or behavioral reaction. Warriors who experience these reactions are usually back in the fight within a few days—if they receive necessary rest and care as soon as possible.

Hoge, a retired U.S. Army Colonel, directed the U.S. military’s premier research program on mental health and the neurological effects of the wars in Afghanistan and Iraq from 2002 to 2009 at the Walter Reed Army Institute of Research.¹⁹ In 2010, he published a book designed to provide returning warriors with concrete guidance for navigating the transition and readjustment that occurs with returning from a combat zone. He notes, “The ‘transition’ and ‘readjustment’ process doesn’t mean you give up being a warrior, but rather learn to dial up or down your warrior responses depending on what’s happening around you, always adapting to the environment you find yourself in.”²⁰ Hoge addresses the conditioned, automatic responses that warriors develop in order to operate effectively in uncertain and stressful environments, explaining that while these responses are necessary for survival in combat, they can result in overreactions when they are no longer useful, such as after returning to the benign setting of the garrison or home. Assisting returning warriors in processing and releasing their stress through structured decompression—educating them about their normal warrior reactions and imparting tools for self-regulation of these reactions—is an important way to foster resilience and enhance mission readiness.

Given the expectation for Marines to be “most ready when the nation is least ready,” and to remain resilient in the face of challenges spanning the spectrum of military operations, there is a keen imperative for leaders to guard fiercely the welfare of their troops.²¹ The importance of a post-deployment decompression period to facilitate a mental “reset” and rebuild resilience

cannot be understated. It provides invaluable time during which returning warriors can begin to process their experiences in a safe and familiar setting, and learn and practice techniques that will assist them with readjusting to life at home. According to COSC guidelines, units returning from deployment are to be afforded two decompression periods if operationally feasible—one 3-5 day operational pause prior to departing theater, and a second 5-day decompression period in garrison prior to departing on leave. This post-deployment stand-down is a crucial time for Marine leaders to observe their Marines and Sailors and to ensure they receive any needed care.²²

Mental health experts advocate a cautious approach to implementation of decompression programs because there is not currently a strong body of scientific evidence that decompression works. However, there is evidence that acknowledging trauma and stress is an important part of the coming home process for warriors. While it is important for military organizations to carefully implement resilience initiatives where their effectiveness is supported with empirical data, offering all service members an opportunity to regroup after deployment is just good leadership. The following section will provide examples of post-deployment decompression programs currently in use by the U.S. military. These programs were designed around evidence-proven stress-mitigation techniques and are continuously evaluated for their effectiveness.

Examples of Decompression Programs Used by the U.S. Military

Each service has developed programs that offer decompression opportunities for certain personnel prior to their return from combat deployments. Typically, these are Third Location Decompression (TLD) evolutions, which occur neither in the combat environment nor in the home (garrison) setting, but in a third, neutral location. This section will briefly describe three separate programs—the Marine Corps Special Operations Command (MARSOC) Performance and Resiliency Program (PERRES), the Army’s Soldier 360° Program, and the Air Force

Deployment Transition Center (DTC)—as well as the decompression approach currently used more generally in the Marine Corps.

The MARSOC PERRES Program was conceived in response to the consistent and potentially life-altering demands placed on MARSOC personnel and their families through years of continued high operations tempo and long deployments. Its purpose is “to provide the MARSOC community with an integrated and holistic apparatus capable of providing physical, mental, and spiritual optimal performance and resiliency throughout the individual member and his/her family’s tenure with MARSOC—and beyond.”²³ By combining the methodology of specialized athletic training with values exhibited in the warrior class, the program endeavors to deliver the MARSOC community to a state of readiness for mission and resilience for life.²⁴ Notably, the program connects the MARSOC community with a valuable resource—qualified professionals who provide expertise on a variety of issues, including: optimal performance in combat, the tenuous transition from combat to family life and its reciprocal, coping with the loss of loved ones or the horror of past experiences, and the stress of separation from family members.²⁵ The mental sphere of the PERRES model encompasses aspects of mental health, stress screening, and warrior transition from combat to CONUS. This warrior transition experience is accomplished through a focused decompression evolution at a third location, and merges all three PERRES aspects to gauge individual posture for the return home. Concurrent with the TLD for redeploying members, the unit and the family are coached and mentored to anticipate and prepare for the transitional hurdles associated with their warriors’ return.²⁶

While the Army has instituted a Comprehensive Soldier Fitness (CSF) resilience program that includes all of its more than one million Soldiers, CSF does not encompass a structured post-deployment decompression program for each member.²⁷ However, a smaller-scale

decompression initiative, specifically designed to allay post-combat stress for soldiers, has been piloted in Germany. Known as Soldier 360°, the two-week course provides training for a segment of non-commissioned officers (NCOs E-5 and above) with combat experience in how to deal with trauma and rebuild relationships using holistic practices that include yoga, acupuncture, and meditation.²⁸ Similar to other DoD resilience initiatives, this program is prevention-focused and strives to break negative patterns that, if left unchecked, may lead to addiction and depression. As with CSF, Soldier 360° offers Soldiers tools to promote psychological readiness, but it is unique in that it encourages spousal attendance for the second week of training. Additionally, Soldier 360° leverages existing programs and staff expertise from the surrounding military community, making the healing process a collective effort that forges stronger bonds between military members and civilians. According to program developer Colonel Mary S. Lopez, “Every community is unique, and Soldiers need to be familiar with the agencies available to provide them support.”²⁹ After-action reports gather survey data from Soldier 360° participants at the conclusion of each course, allowing program directors to gauge its effectiveness and make informed changes to the curriculum. Survey data consistently indicate that Soldiers and their spouses find the information and techniques helpful and applicable, both in their personal and professional lives.³⁰

The Air Force has also developed a TLD program that is attended by a small segment of its population as they transition from the Area of Responsibility (AOR) to their home stations. Located at Ramstein Air Base, Germany, the Deployment Transition Center (DTC) is a practical and neutral setting for Airmen who have faced regular exposure to significant risk of death in direct combat to decompress and mentally prepare for their return to day-to-day life.³¹ The DTC concept was modeled on existing TLD programs used by the U.S. Army, as well as by the armed

forces of Canada, the Netherlands, and the United Kingdom. The DTC utilizes three critical elements—time for reintegration/education, functional and/or peer leadership, and transitioning as a deployed team—to arrive at the following expected outcomes:³²

- easing of reintegration into work and family
- decreased stigma associated with mental health
- promotion of resiliency, rest, and recovery
- increased knowledge of available reintegration resources

As part of the larger Airman Resiliency effort, the DTC program offers useful training administered by Career Field Facilitators, mental health providers, chaplains, and other experts, but it is not considered mental health treatment.³³ Rather, it imparts knowledge and skills to DTC participants that is intended to prepare them for the challenges they will face once they return home, effectively starting their personal decompression process off on the right foot with opportunities for relaxation, reflection, discussion, physical activity, and rest. A study on the effectiveness of the DTC program, conducted between June 2010 and January 2011, demonstrated that this decompression opportunity assisted participants with reintegration by significantly reducing symptoms of Post Traumatic Stress, problematic alcohol use, and serious conflict with family members and others.³⁴

Since April 2011, the Marine Corps has offered TLD to personnel in specialized jobs such as Explosives Ordnance Disposal (EOD) and Personnel Retrieval and Processing (PRP) using the Ramstein DTC facility. According to Trish Powell, Director of MCCOSC, “Marines who participate in TLD complete pre- and post- surveys on the ground [at Ramstein], and the response, overwhelmingly, is that it’s helping.”³⁵ Survey data for 120 days post-deployment also indicate positive results. When asked about the possibility of offering this TLD opportunity more

broadly to redeploying Marines, Powell responded, “Unfortunately, this TLD cannot feasibly be provided for all Marines because of fiscal limitations. Also, sending entire battalion-sized units is not supportable by the existing infrastructure, and doing so would put a significant strain on the local community.”³⁶

Given this limitation, as well as the question of whether unit-wide decompression programs are effective in prevention of COS-related problems after redeployment, the broader Marine Corps’ approach to post-deployment resilience is less prescriptive. Redeploying Marines and Sailors attend Warrior Transition Briefs, which are delivered during the in-theater and in-garrison decompression periods, as mandated by the COSC program.³⁷ A second set of briefs, Warrior Transition II, is required between 60-120 days after return. Although the classes are designed to be interactive and are developed for specific target audiences (Leaders, Warriors, and Family), the drawback to this approach is that it fails to link the delivery of critical information with opportunities for practical application. The in-theater decompression period does afford Marines and Sailors some much needed rest and relaxation, but the presentation of scripted, mandatory power point briefs to a mass audience is not the optimal way to arm warriors with self-awareness and coping skills that will enable a smooth transition to “normal” life.³⁸

Factors That Promote Resilience

As the preceding examples indicate, the details of decompression programs and resilience initiatives throughout the services vary, and in some cases, significantly. A common link to all, however, is the goal of enhancing the resilience vital to ensuring individual and unit readiness for peak performance and mission accomplishment. This implies that an effective post-deployment decompression syllabus must be designed to build or reinforce certain resilience skills or factors. A question emerges: what information and skills do warriors need in order to remain resilient to

the stressors of long and repeated combat deployments, and to successfully reintegrate into life at home upon return?

Two recent studies on resilience will help to answer this question. The Joint Mental Health Advisory Team 7 (J-MHAT 7), which comprises representatives from all of the services, traveled to Afghanistan in summer 2010 to conduct surveys and focus groups that assessed behavioral health in land combat forces and also to provide recommendations for sustainment and improvement.³⁹ The J-MHAT 7 Soldier and Marine survey contains core survey measures used in all previous MHATs, which were originally adapted from the Land Combat Study conducted at the Walter Reed Army Institute of Research. The key topic areas covered by the survey are: 1) Risk Factors, such as combat experiences; 2) Resilience Factors, such as willingness to seek care; and 3) Well-Being Indices, such as individual morale.⁴⁰ According to study authors, “resilience is affected, both positively and negatively, by multiple factors to include unit climate, individual coping behaviors, the willingness and ability to seek care, marital support, and perceptions of behavioral health training designed to help Marines.”⁴¹ How does this list of factors compare with those identified in the second study?

In 2011, the Office of the Secretary of Defense (OSD) sponsored a RAND study to increase the understanding of evidence-informed practices and methodologies useful in promoting psychological resilience in servicemembers and their families.⁴² Study authors conducted a comprehensive review of relevant scientific literature and vetted their findings with a panel of resilience experts, ultimately capturing a list of 20 evidence-informed factors for promoting psychological resilience.⁴³ They categorized these factors according to the levels at which they operate—individual, family, unit, and community. Study results determined individual-level resilience factors with the strongest supporting evidence are positive coping,

positive affect, positive thinking, realism, and behavioral control. At the family level, family support was determined to be the most important factor. At the unit level, the most important factors for promoting resilience were identified as positive command climate, teamwork, and cohesion.⁴⁴ (See Appendix A for a comprehensive list of resilience factors and definitions at each level).⁴⁵

Comparing the resilience factors from the J-MHAT 7 report to those identified in the RAND study demonstrates an obvious correlation in three key areas: individual coping behavior overlaps with positive coping, unit climate corresponds with command climate and cohesion, and marital support overlaps family support. We can therefore infer that Marines and Sailors need knowledge and skills that will enable positive coping, a positive climate of cohesion, and effective support at home, to better overcome the impacts of the stress experienced during training and operational deployments. While much of the necessary information may be delivered in Warrior Transition briefs, a post-deployment decompression syllabus can build on this foundation by offering practical application opportunities to help achieve a greater level of self-awareness and a sense of emotional mastery.

A Suggested Decompression Framework

The majority of unit members will successfully transition from deployment to home without a dedicated period of decompression, but some may become overwhelmed with the adjustment process. Commanders can have a tremendous impact on the reintegration process for their Marines and Sailors by tailoring a decompression program to meet the needs of the unit, incorporating measures they feel will best achieve the COSC objectives of preserving a ready force and promoting the long-term health and well-being of individual Marines and Sailors and their families.⁴⁶ Designed in partnership between unit leaders, OSCAR team members, and

mental health support personnel, an effective post-deployment decompression program should afford warriors the opportunity to connect with their natural reactions and emotions, talk about their deployment experiences, and ease back into life at home. It should facilitate a release from deployment pressures by offering techniques for calming and focusing the mind—signaling to the body that it is okay to relax and let down one’s guard—and empowering warriors to self-assess and regulate their thoughts and behaviors. Guided by involved leaders, a framework for post-deployment decompression encompassing four elements—education, relaxation, narration, and connection—has the potential to facilitate a seamless reintegration process for returning warriors and their families. Figure 1 provides a visual model for post-deployment decompression based on these four elements.⁴⁷

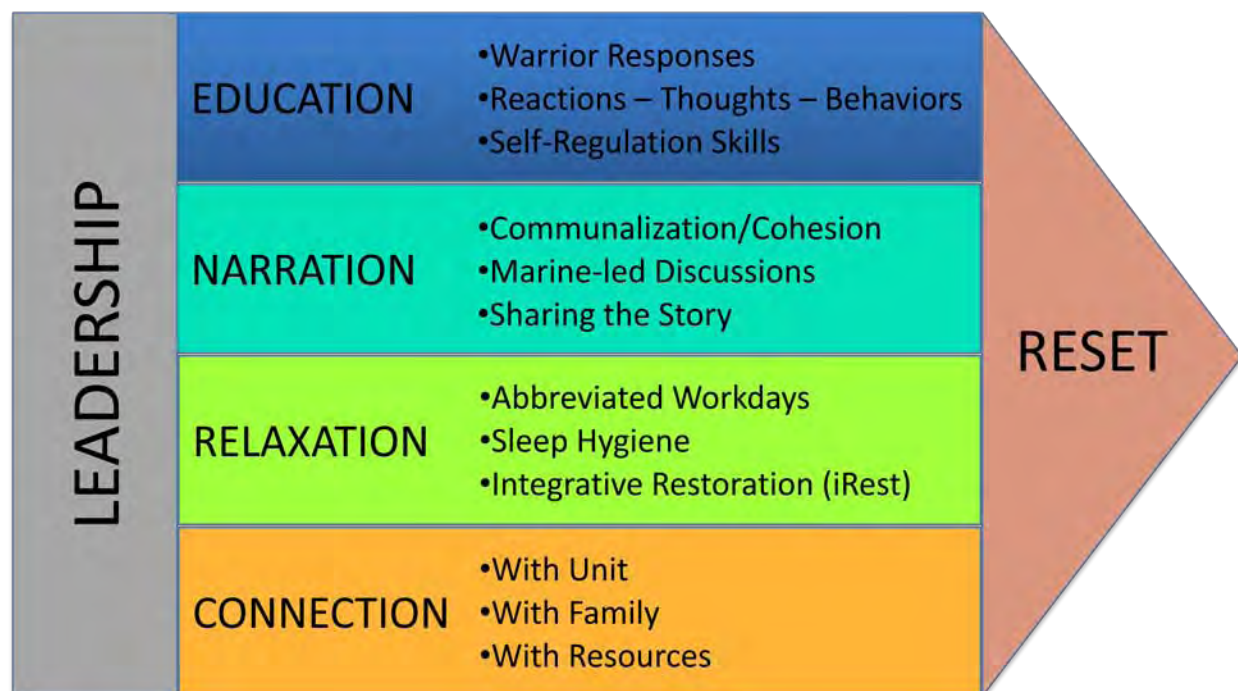


Figure 1 – Conceptual Framework for Post-Deployment Decompression

Existing decompression models and critical resilience factors, as well as the consideration of the challenges frequently experienced by returning warriors, informed the

design of the decompression framework. According to Trish Powell of the MCCOSC, some of the most common problems after return from a combat zone are hypervigilance, difficulty sleeping, and managing the expectations of family members.⁴⁸ Warrior reactions that are fostered through rigorous training and highly adaptive in combat are often labeled symptoms upon return home.⁴⁹ Hyperarousal, the ability to channel anger, numbing oneself in the face of casualties, and functioning on limited sleep are all issues that can and should be addressed in a post-deployment decompression program. The program syllabus I suggest is not only strengths-based and prevention-oriented, but also has the potential to diminish stigma if it is supported by unit leadership and includes participation of all unit members. Experts contend that decompression may indeed convey some benefits where it can fit seamlessly within the life of a unit.⁵⁰ Following this recommendation, a decompression program based on the above framework could be structured to fit within the current 5-day post-deployment stand-down period, but the four elements could continue informally indefinitely. The individual elements appear as separate lines of effort within the framework, but they are intended to overlap and mutually support one another in practice.

Education

Redeploying servicemembers may be surprised by unexpected challenges in what they anticipated would be a simple homecoming. While operational stressors have been removed, new stressors inherent in the adjustment process have moved in to take their place. Marines and Sailors who did not participate in direct combat are not immune to the effects of the stress they experienced—each warrior endured his or her own personal stress while deployed, and the adjustment process will be unique to the individual. Regardless of whether they experienced trauma on the battlefield, all returning members should be armed with information and skills that

will help them assimilate back into the home environment, mentally reset in preparation for the next mission, or prepare for life outside the service. The first recommended element of post-deployment decompression, therefore, is education.

Many books have been written to offer coping strategies and practical guidelines for returning troops and their families, but the one most likely to resonate with Marines is that published by Hoge in 2010, *Once A Warrior Always a Warrior*. Informed by his perspective as a mental health expert, a Soldier, and as someone who has spent time in a combat zone, this book is an especially useful resource for the education aspect of decompression.⁵¹ Hoge states matter-of-factly, “Basic physiological and psychological responses are *normal* reactions to the experience of combat.”⁵² Recognition of this fact led him to create practical self-help learning skills from conventional psychotherapy techniques—stress mitigating tools that are applicable for all warriors, not only those who have been diagnosed with PTSD or other psychological injuries. These skills are intended to increase awareness and acceptance of warrior reactions, modulate reactions to prevent undesirable behavior, deal with stressful situations, and cope with major loss or grief. The information and techniques in *Once a Warrior* could be effectively delivered in an informal classroom setting by OSCAR team members and additional mental health personnel, thereby complementing and reinforcing concepts from COSC training received in the pre-deployment and Warrior Transition briefs.

Skills focused on increasing awareness and acceptance of reactions, as well as those designed to modulate reactions and prevent undesirable behavior, directly support the resilience factors of positive coping and behavioral control. Positive coping can be thought of as the process of managing taxing circumstances, while behavioral control refers to the process of monitoring, evaluating, and modifying reactions to achieve a goal.⁵³ Small-group sessions (12-15

personnel) facilitated by OSCAR team members would offer practical application of Hoge's skills for attending to and modulating warrior reactions. During these sessions, Marines would focus on awareness of their physical reactions and feelings, learn how these emotions and feelings translate into thoughts, and understand how thoughts become behaviors. According to Dr. Hoge, "if emotions aren't acknowledged, they have a tendency to push their way to the surface or act on the warrior's subconscious, leading to behavior the warrior may later regret."⁵⁴ Arming Marines and Sailors with self-awareness and self-regulation skills such as these could have a tremendously positive impact on their reintegration into life back home.

Building on the skills of self-awareness and self-regulation, Hoge offers techniques for dealing with the strong reactions warriors may experience in response to stressful triggers in the home environment. He suggests that with inoculation, or desensitization, the object is to face the things that cause one to feel anxiety or distress, and directly counter the urge to avoid these things.⁵⁵ Incorporating realistic "trigger" situations into a classroom setting may not be feasible, but a discussion focused on conditioned responses to triggers would raise awareness of the issue and better prepare warriors to deal with these situations. Compounding the challenge of dealing with trigger situations is the stress caused by an inability to control events or the behavior of others. According to Hoge, "Warriors frequently report problems dealing with people and intolerance to the 'stupid stuff' that people do."⁵⁶ Acknowledging and accepting this lack of control is often crucial to one's ability to deal with stressful situations. Arming warriors with the understanding that they can regain a sense of control by mastering their own responses to uncontrollable situations and the behavior of others will help them self-regulate in these stressful moments. Addressing the issue of control supports the individual resilience factor of behavioral

control as well as that of realism, which refers to having realistic outcome expectations, and an acceptance of what is beyond control or cannot be changed.⁵⁷

The final piece of the education element should impart practical techniques for dealing with anger, rage, and related emotions. These techniques build on the earlier blocks of education and foster all of the critical individual resilience factors. Hoge states, “[A]nger and detachment are two of the most common emotional reactions warriors experience after returning home.”⁵⁸ While anger itself is a natural emotional reaction to many situations, if not acknowledged and expressed in a healthy way, it can deteriorate into permanent conditions such as rage or hostility. Hoge notes that holding onto emotions such as anger, self-blame, and depression can lead to behaviors that have serious consequences.⁵⁹ The goal of this final aspect of the education element should be to offer warriors the knowledge and tools to help them put space between their feelings and their actions, and to give them concrete steps for dealing with anger without allowing it to fester. Arming Marines and Sailors with the tools provided in the education element will better equip them to think, feel, and communicate in healthy ways.

Narration

In October 2011, the Marine Corps implemented a Deployed Unit Cohesion Staffing policy with an overall goal of increasing unit cohesion at the battalion and squadron level. In order to maintain cohesive units that allow for post-combat actions, this policy mandates that Marines will remain in returning full-deploying units for 90 days following the completion of deployment. While this policy can be difficult to uphold because it prevents personnel from quickly rotating out of units to execute follow-on orders, it arguably nets an overall positive result by “allowing commanders to retain key leadership, thereby providing decisive, engaged leaders and sustaining resiliency.”⁶⁰ The second element of decompression—narration—

leverages the cohesion and shared experiences of Marines and Sailors to facilitate their reintegration back into life at home.

Mental health experts advocate for the importance of narration—the telling of one’s story—in the overall homecoming process for returning warriors. According to Hoge, “Narration helps you live with your experiences and move forward with them as a part of you.”⁶¹ While decompression programs have yet to prove their worth in terms of preventing or reducing negative psychological impacts of stress, considerable data exist to support the efficacy of narration as a means of addressing PTSD and other mental health problems.⁶² The process of narration allows individuals to understand and accept what happened, express emotions associated with events, and begin integrating their experiences into the greater context of their lives. Trust in the listener is a crucial aspect of narration. For this reason, unit members who deployed together are uniquely suited to participate in the narration process together, despite their lack of expertise in the mental health field. Recent studies provide substantial evidence that lay counselors can deliver effective narrative treatment—small group discussions facilitated by small-unit leaders have great potential for helping fellow Marines and Sailors contextualize their experiences.⁶³

Communalization, which is akin to narration, derives from the belief that “the long trip home” experienced by World War II veterans was a valuable opportunity for mutual support and communal reworking of combat trauma.⁶⁴ In his compelling book, *Achilles in Vietnam*, Dr. Jonathan Shay references the growing consensus among mental health professionals that any trauma, including combat, “will have longer-lasting and more serious consequences if there has been no opportunity to talk about the traumatic event, to express to other people emotions about the event and those involved in it, or to experience the presence of socially connected others who

will not let one go through it alone.”⁶⁵ Shay attributes high rates of PTSD in Vietnam veterans to the lack of communalization opportunities for many men who rotated back home as individuals, rather than as part of a unit. His suggestion that communalization arises naturally from unit cohesion gives credence to the idea of incorporating communalization opportunities into a post-deployment decompression program in which all unit members will participate.

Since “the long trip home” isn’t normally a part of today’s deployments, commanders should ensure their Marines and Sailors have other dedicated opportunities to communalize their experiences. Colonel Drew Doolin, who commanded a Marine logistics battalion during two tours in Iraq, personally demonstrated to his troops the importance of communalization: “After our return from the first deployment, I held roundtable discussions with my Marines and Sailors to talk about what we had seen, how each of us would characterize the deployment, what it was like being home, and how those feelings manifested themselves.”⁶⁶ Colonel Doolin astutely realized that his Marines and Sailors would need support as they attempted to adjust to life at home after combat, and he provided opportunities for them to communalize their experiences and give voice to their emotions. In so doing, he enhanced individual and unit-level resilience factors in his troops, even before formal COSC and OSCAR resources were at his disposal.

Narration and communalization can play a critical role in the coming home process for returning warriors by providing them with a sense of closure. Narration often takes place in one-on-one sessions with mental health professionals, but can also be conducted in a group setting. For a unit-level decompression program, it would be appropriate to incorporate focus groups, such as those conducted by Colonel Doolin, to facilitate the informal telling of the story while allowing warriors to feel socially connected to others. This activity, done in smaller (squad-sized) focus groups and attended by unit leadership, would send the message that senior leaders

value the thoughts and opinions of their troops, thereby sustaining a positive command climate. It would also serve to strengthen unit cohesion—the team ability to perform combined actions, and the bonding together of members to sustain commitment to each other and the mission.⁶⁷ Evidence from studies conducted at the Walter Reed Institute of Research shows a correlation between lower rates of PTSD and strong unit leadership, high cohesion, and high unit morale.⁶⁸ Communalization and narration have historically been valued for their success in treating PTSD, but there is merit in their use for its prevention as well.

Relaxation

The third element of the decompression framework, relaxation, can encompass a wide range of activities and techniques to strengthen the critical resilience factors. Relaxation can be facilitated through abbreviated workdays, which give warriors time to spend with their families and to catch their breath. But some individuals may struggle to dial down their warrior reactions in order to truly recharge and obtain much needed rest. As previously mentioned, hypervigilance and problems sleeping prevent many returning warriors from fully relaxing body and mind. A recently developed protocol called Integrative Restoration, or iRest, has great potential to help warriors achieve a sense of control and calm in the face of psychological and physiological warrior reactions.

Emphasizing the link between mental processes and physiological responses, iRest is a modern adaptation of an ancient yoga practice called Yoga Nidra, or “yogic sleep.” It falls into the category of Complementary and Alternative Medicine (CAM), which encompasses health care systems and practices that are viewed to be outside the realm of conventional medicine. More specifically, iRest belongs within the mind and body aspect of CAM—“those practices that focus on the interactions among the brain, mind, body, and behavior, with the intent to use the

mind to affect physical functioning and promote health.”⁶⁹ It teaches progressive relaxation, breathing, stress reduction, cognitive, and meditation techniques aimed at raising awareness and healing various aspects of the mental, emotional, and physical relationship.⁷⁰ The protocol is “integrative in that it heals the various unresolved issues, traumas, and wounds that are present in the body and mind, and restorative in that it aids the body and mind in returning to a natural state of functioning.”⁷¹ Incorporating iRest sessions into the relaxation element of post-deployment decompression would complement the skills offered in the other elements of the program and build on the theme of prevention through self-awareness.

While the iRest protocol was initially piloted in military hospitals as an adjunct to traditional treatments for PTSD, it offers benefits for the greater military population and merits inclusion in post-deployment decompression. First, iRest is a low-cost, flexible, and secular mind-body practice that can easily be taught in a group setting. The protocol comprises ten steps, which can be used in their entirety or in segments. After the knowledge and skills are initially acquired during group classes, they can be practiced independently with the aid of a self-practice CD.⁷² This flexibility of curriculum and application would allow commanders and iRest facilitators to tailor the decompression syllabus for the specific needs of the unit, and to fit the sessions within the allotted time frame. Since the protocol encompasses a series of 25–45 minute sessions, it is likely not feasible to incorporate the entire series into the 5-day decompression window, but exposing Marines and Sailors to the benefits of iRest would allow them to personally judge its effectiveness and determine whether they want to complete the protocol and continue practice on their own time.

Second, the techniques offered in the iRest protocol are extremely relevant for the challenges faced by Marines and Sailors in their daily lives, whether in garrison or deployed. The

iRest techniques of body scanning, visual imagery, deep breathing, and systematic desensitization provide practitioners with a sense of safety, comfort, and control.⁷³ The deep breathing aspect of iRest also complements the calming techniques of deep breathing and grounding that are a part of COSC and OSCAR training.⁷⁴ The non-verbal and body-based iRest protocol, typically practiced while lying down, offers warriors a much-needed chance to relax their physical bodies while engaging their minds to maintain awareness and focus. At the unit level, mastery of these skills would enhance psychological readiness and promote greater mission effectiveness. Individually, Marines and Sailors would realize long-term benefits, including enhanced performance under stress, less emotional decision making, and a greater sense of connectedness to others.

Third, and most importantly, empirical and anecdotal evidence shows that iRest leads to transformative and sustainable psychological changes. Reports indicate that iRest is relieving the impact of physical and psychological conditions associated with PTSD, thereby reducing stress for warriors and their families, and improving social and family relationships.⁷⁵ Participants are noticing improvement in quality of sleep, effectiveness under pressure, social functioning, concentration, contentment, self-confidence, and equanimity in their daily lives. It has also resulted in minimization of negativity, fear, anxiety, depression, chronic pain, and alcohol and substance abuse.⁷⁶ Personal testimonies from returning warriors offer convincing justification for inclusion of the iRest protocol in a post-deployment decompression framework. An active duty soldier and veteran of Operation Iraqi Freedom (OIF) stated, "...I think Yoga Nidra is the best program I've ever had the pleasure to participate in. It has helped me physically, spiritually, and mentally. I've learned techniques that I will use for the rest of my life."⁷⁷ In the words of an

Operation Enduring Freedom (OEF) vet, “I’ve noticed a sharper mental clarity and I’m able to relax myself faster to relieve stress [that is] both mental and physical.”⁷⁸

The iRest protocol has proven effective at mitigating combat and operational stress, thereby enhancing individual resilience. While results will likely vary from person to person, the documented effects of iRest are only positive. The protocol is an incredible resource for Marines and Sailors during decompression; it offers a sense of emotional mastery that is empowering and lasting. Before trying iRest, many warriors may express skepticism about the value of such an activity. They may consider it not worth their time—but the personal accounts of veterans who have followed the protocol imply that the overwhelming majority of Marines and Sailors would find the skills indispensable. According to Lieutenant Colonel Jim Fullwood, commander of Wounded Warrior Battalion West (WWBN-W), his unit is in the process of implementing iRest into the WWBN yoga program.⁷⁹ The success of iRest at combating symptoms of PTSD indicates that it can be an extremely effective part of post-deployment decompression. Its positive impact on individual readiness would have a correspondingly positive effect on family and unit readiness.

Connection

Warriors become adept at compartmentalizing the personal aspect of their lives in order to function effectively and accomplish the mission while deployed. The physical and emotional distance of deployment, particularly in austere combat environments, pose significant challenges to the reunion process for warriors and their families. The joy and relief of homecoming are often eclipsed by a sense of disconnectedness for returning warriors—the people and places they left behind are no longer comfortable and familiar. After the euphoria of the initial reunification with family members and loved ones, some Marines and Sailors may realize that they actually

felt more at home in the war zone, where their warrior skills and focus on the mission defined life. For some, the discomfort associated with reestablishing social bonds in the wake of their combat experiences hinders their ability to reconnect.

The concept of connection may seem fuzzy or vague, and of dubious value to a warfighter, but the argument for the importance of connection is grounded in scientific study of how human beings are wired. According to the hierarchy of needs set forth by Abraham Maslow in 1943, the basic human need for love, affection, and belongingness is superseded in importance only by survival and safety needs.⁸⁰ Research in psychology and the new field of social neuroscience supports the long accepted wisdom that human beings are social creatures, and are wired to connect. Psychologist John Cacioppo states, “The human need for meaningful social connection, and the pain we feel without it, are defining characteristics of our species.”⁸¹ Cacioppo also notes that when humans feel connected they are generally less agitated and stressed, and they have fewer feelings of hostility and depression.⁸² This points to the importance of connection as an element of the decompression framework.

The connection element of decompression overlaps, and is facilitated by, the other three elements. The education and relaxation elements build self-awareness and allow warriors to connect with their own thoughts and feelings. The narration element enables connection with unit members through communalization of experiences. Greater awareness and the experience of opening up to others can translate into greater connection at the family level as well, supporting the effort to reestablish and strengthen the bonds between warriors and their family members and loved ones. Finally, the connection element endeavors to link returning warriors with the vast array of resources that will help facilitate their transition and adjustment process. By enabling

connections with unit members, family, and resources, this element fosters resilience factors at the individual, unit, family, and community levels.

The connection element presents a challenge: how can a commander translate a rather intangible concept into connection opportunities that will achieve meaningful results? Memorial ceremonies honoring fallen comrades are a crucial way to gain closure and provide a sense of connection among unit members and families. In a focused decompression program, commanders can leverage unit cohesion and positive command climate to facilitate connection at the family level. Connections between unit members are firmly established through the shared adversity of deployment and combat; this unit cohesion provides a critical support system for Marines and Sailors as they decompress together. As warriors build self-awareness through education and begin to talk about their experiences during narration, they are better positioned to forge deeper connections with loved ones. Parallel education and discussion opportunities for spouses and parents can offer them a window into the deployment experience, reinforcing spousal and familial bonds through enhanced understanding of the warrior perspective. Education on signs and reactions associated with stress injuries, offered in a positive and inclusive command climate, can enable family members to detect stress-related issues in their warriors, and then get them the necessary care.

The criticality of mutual support between warriors and their families at home is well understood by Marine leaders. In the words of one battalion commander, “Cohesion at home is equally as important as cohesion on the battlefield. And if you start before you leave, and carry it over while you’re there, it will pay dividends on the back side when you’re hoping someone is looking after that Marine when you’re a little worried about him...and they aren’t afraid to call you.”⁸³ While deployed, the members of a unit become like a family to one another. The

connection element of decompression can exploit the power of unit cohesion to help returning warriors begin rebuilding cohesion within their own families as well.

Reestablishing familial and spousal bonds can be challenging, but certainly not impossible, if warriors and their loved ones are committed to the process. The authors of *After the War Zone* note that separation is tough on relationships, marriages, and kids, stating, “Your mere absence can create insecurity, misunderstanding, and distance within your family. This tension needs to be resolved once you return home.”⁸⁴ This book offers families helpful insight into the reactions their warriors are experiencing, as well as advice on managing expectations and reestablishing trust and intimacy. *After the War Zone* and *Once a Warrior* are just two of many helpful books designed to assist warriors and their families with the transition and adjustment process; they provide a strong foundation for the education of family members that can be accomplished in parallel with warrior decompression.

The means by which to effect connection during decompression are many and varied. Commanders have at their disposal a wealth of resources and individuals who can assist in the effort to provide valuable and useful connection opportunities. Chaplains and other religious program personnel, mental health experts, unit Family Readiness Officers (FRO), Families Overcoming Under Stress (FOCUS Project) personnel, and Marine Corps Community Services (MCCS) are dedicated to ensuring the well-being of warriors and their families. But all of these personnel and the resources they bring to bear can serve to overwhelm warriors and their family members with too much of a good thing. The connection element of decompression should seek a balanced approach, providing links to and awareness of available information and services, but not forcing their use. Connection, as with all of the elements of the decompression framework, must acknowledge the unique needs of each Marine and Sailor, meeting them where they are.

Engaged leadership is the key to enabling their transition process. This discussion will now examine the decompression process through the lens of some experienced Marine leaders.

Thoughts from Commanders

In an effort to validate the argument for post-deployment decompression to help smooth the readjustment process and enhance resilience, Marine leaders who have commanded units in combat were asked to provide their input. Of the dozen Marines surveyed, all have command experience at the battalion level, and several at the regimental level as well. These leaders answered questions covering topics such as the value of the in-garrison stand-down period for promoting decompression; how they facilitated the readjustment process for their own Marines and Sailors; and the impact of OSCAR and the 90-day cohesion policy on individual and unit resilience. Their answers were thoughtful, candid, and true to their warrior culture.

All of the commanders generally said that the 5-day post-deployment stand-down period is valuable, but not necessarily for facilitating decompression. More aptly, they view this stand-down period as a time to keep an eye on their people and address any immediate mental health issues. In the words of one commander, “The more appropriate term for a post-deployment stand-down is ‘identification and tracking’ period.”⁸⁵ A lot must be accomplished in a relatively short period of time prior to releasing Marines and Sailors on post-deployment leave, including personnel and gear accountability, Post Deployment Health Assessments (PDHA), and memorial services to honor fallen comrades. Additionally, post-deployment Warrior Transition training requirements, additional OSCAR mentor training, and Back in the Saddle (BITS) safety briefs leave little room in the schedule for structured decompression events. A few of the leaders expressed that that decompression may not fit well into this 5-day package because individual needs with regard to decompression tend to vary. According to one commander, “There is no

standard time or activity that can collectively satisfy decompression requirements for an infantry battalion—this is the problem I have with the term ‘decompression period.’ It gives Marines a false sense that “if they aren’t ‘decompressed’ after a week, they must be screwed up.”⁸⁶

Some leaders surveyed think that most commanders use the 5-day stand-down period to actively promote decompression for their Marines and Sailors, while others said this depends on the personality of the commander and his knowledge of available resources. Those surveyed shared the belief that most commanders genuinely understand the need for decompression and actively pursue resource availability and screening for any personnel who require additional help. One former regimental commander noted that he saw different levels of focus on decompression in his various battalions and companies, stating, “Marine infantrymen are trained in a culture of sturdiness. Admission that decompression is needed or what might be deemed as ‘excessive focus’ on decompression might be perceived as weakness and result in individual/unit stigma.”⁸⁷ Commanders recognize their role in combating the problem of stigma, and they strive to convey the message to all of their men and women that a cry for help is not a sign of weakness. In the words of one battalion commander to his Marines, “Some of us are wounded and you can’t see it. It’s not a physical injury, but it is a real injury.”⁸⁸

In an effort to confront the issue of stigma head-on, one of the battalion commanders held a combat stress panel discussion after his unit returned from post-deployment leave. The battalion’s deployment date had been moved forward, preventing the commander from sending all of the designated personnel to OSCAR training, and he wanted to do something that would increase awareness of combat stress issues and how to deal with them. The panel was attended by fire team leaders and higher, and the goal was to empower small-unit leaders to catch and address COS issues in their young Marines. According to the commander, “We were honest with

each other about the things we were going through. I think that went a long way toward establishing a climate that allows people to open up if they need to...and it certainly drove home to our young NCOs that it's their responsibility as leaders to move to those points of friction.”⁸⁹ While the idea for the panel originated at a Wounded Warrior unit, it was an effective way for an operational commander to reduce stigma, encourage narration, continue building cohesion, and open the door for further connection between returning warriors and their loved ones.

To the question of whether focus group discussions are valuable for allowing communalization and providing closure to the deployment experience the answers were divided—some commanders feel there is great value in conducting small-group discussions during this period, and that these discussions should be facilitated by the commanders themselves. One former battalion commander who favored focus group discussions mentioned incorporating focus groups for spouses into the decompression evolution—an idea that would support the effort to reestablish connections with loved ones.⁹⁰ Others of those surveyed do not view the stand down period as an appropriate time for such discussions, not because the opportunity for narration is unimportant, but because it often takes time for issues to build. In the words of one regimental commander, “We use the time in theater, just after an event, to inoculate our Marines against PTS, and then we need to let them go home on leave, digest, relax, and then begin to talk about it.”⁹¹ Another commander, whose battalion has recently returned from Afghanistan, emphasized that leaders have a responsibility to create the right environment for discussing issues. He stated, “Marines knew going into the deployment that they could and should talk about traumatic or stressful events—particularly if they were experiencing abnormal reactions.”⁹²

The leaders discussed their views on how to best enable decompression for their Marines and Sailors during the stand-down period, as well as after post-deployment leave. Several emphasized that the decompression experience starts in theater—at Camp Dwyer in the case of Afghanistan—when the unit is all together and the redeploying warriors are a captive audience. One battalion commander emphasized the importance of leader participation in the required training and briefings. He and his battalion sergeant major, as well as the chaplain, conducted an interactive conversation with their Marines and Sailors, reinforcing their support for the information passed in the Warrior Transition briefs. He stated, “Bottom line, it was coming from us and we showed them that these issues affect all of us and that they are normal, but need to be addressed.”⁹³ As for enabling decompression soon after return to home base, another commander suggested, “Providing a venue that facilitates unit camaraderie, integrates families, and promotes rest and relaxation is great for decompression and reset. An example would be a unit sporting event or field meet culminating in the arrival of families for a barbeque.”⁹⁴ Several commanders noted that decompression begins to happen naturally and gradually as returning warriors become further removed from the battlefield, and this process can be further facilitated by granting personnel a full 30 days of leave following deployment, giving them an opportunity to relax completely.⁹⁵

Across the board, the commanders expressed great appreciation for the OSCAR program, although most of the battalions did not deploy with their own dedicated teams. Selected OSCAR extenders and mentors within the battalions received training prior to deployment, building the commanders’ capacity to address COS issues as soon as possible in combat. A current RCT commander explained that his OSCAR team is designed to identify and intervene at the right level and time, and to refer the appropriate individuals to the appropriate care provider.⁹⁶

OSCAR teams are undoubtedly tremendous assets at the RCT level, but the thought was expressed by one of the leaders that “having an OSCAR team, with dedicated qualified providers, with the battalion throughout deployment and post-deployment period would be a valuable addition.”⁹⁷ The commanders value the OSCAR program for its prevention focus. In the words of one, “I think this is what OSCAR does best. It gets the environment set within the leadership and small units. Warriors in 2012 talk about stress and help prevent neurological and psychological injury.”⁹⁸

In general, the commanders expressed positive opinions regarding the Deployed Staffing Cohesion Policy, but a few voiced reservations. One commander was particularly supportive of the policy to foster decompression and resilience for personnel from outside the command who attach as augments for the deployment, such as Navy corpsmen. He stated, “If they are pulled from the unit early because they were augments or got orders because the Navy doesn’t understand they need it, too, then they are not being provided the time and resources they need to cope.”⁹⁹ Another stated, “The value in the 90-day cohesion policy is that it keeps those individuals together who know each other the best, and therefore are in the best position to detect changes in behavior among one other. They are positioned to ensure that the appropriate resources are brought to bear.”¹⁰⁰ An expressed drawback has to do with cases in which a unit must make a quick turn for another deployment (within 7–8 months): “The expectation that the battalion will be able to spend 90 days gaining closure or addressing issues from the last deployment is not sound.”¹⁰¹ One regimental commander noted that the 90-day policy is not a cure-all, stating, “Staying together for at least 90 days after the deployment is important, but it won’t solve much if you aren’t addressing the stress problems before, during, and after deployment.”¹⁰²

An additional issue that was not addressed in the interview questions but was raised in the responses of several commanders is that of timing. While they acknowledge that Marines and Sailors are beginning to decompress as they become more removed from the battlefield in time and space, they generally agree that the post-deployment stand-down period does not sufficiently allow warriors to relax, think about their experiences, begin to talk about them, and become fully ready for the next mission. Almost every leader surveyed alluded to the fact that many stress-related issues do not begin to surface for several weeks, even months, after returning from the combat zone. One battalion commander suggested the idea of implementing a decompression evolution later in the post-deployment phase, approximately 45–60 days after return, when personnel have returned from leave and the honeymoon period begins to fade.¹⁰³ He also emphasized that another critical aspect of decompression is the family piece—a decompression program should include family member participation as well.

Recommendations

Acknowledging the fact that individual decompression needs vary, the following recommendations are offered. First, continue the conversation. Engage officer and enlisted leaders throughout the Marine Corps to determine their views on how Marines and Sailors are coping with the adjustment and reintegration process after deployment and whether decompression for all returning warriors is necessary and helpful. In order for a decompression program to be effective, it should fit seamlessly into the unit's schedule, offer commanders flexibility to tailor it to their needs, and incorporate evidence-based stress mitigation techniques. Commanders and subordinate leaders must be educated on the available decompression resources and invested in the process from start to finish.

Second, establish a clearinghouse or collection point for best practices and lessons learned with regard to decompression. This can be done under the COSC umbrella, and is likely already happening in some fashion. The important thing is that good ideas are shared among Marine leaders in order to export the “goodness” throughout the Marine Corps and enable commanders to provide their warriors with effective ways to reduce their stress levels and reset mentally and physically after deployment.

Third, continue to build OSCAR capacity at the battalion and squadron level. The impact of the OSCAR mentorship model has been tremendously positive; two years of pre- and post-surveys as well as regimental commander input indicate that Marines respond well to the leadership and training provided by other Marines, especially when it comes from members within their own unit.¹⁰⁴ OSCAR has proven its worth on a dispersed battlefield; many commanders are focused on providing training down to the small-unit leader level because these leaders, who have constant contact with their young Marines, are perfectly positioned to identify and intervene when stress issues begin to overwhelm them. According to LtCol Kyle Ellison, commander of Second Battalion, Sixth Marines (2/6) during a year-long deployment to Marjah, Afghanistan: “All the programs in the world aren’t going to stop what a young NCO can stop if he knows his Marines and he puts an effort into leading them.”¹⁰⁵

Lastly, consider augmenting the existing Warrior Transition II training with a structured decompression evolution based on the suggested framework. If it is not appropriate to conduct these decompression events during the current post-deployment stand-down period, they should be offered not more than 90 days post-deployment—ideally, at 45-60 days after return, as the honeymoon period wanes and stress issues begin to surface. Incorporating elements from the suggested decompression framework, leaders can use this final stage of Warrior Transition to

complete the “reset” before personnel begin to rotate out of the unit and the ramp-up for the next deployment begins. Aspects from the decompression framework can be adapted to offer a parallel and complementary decompression opportunity for spouses and family members of returning warriors. Rather than comprising another set of scripted power point briefs, these events should be delivered in a small-group setting to the maximum extent possible in order to encourage interaction and facilitate practical application of information and techniques. Melding best practices from existing TLD programs with the evidence-informed techniques in the proposed decompression framework would enable rapid development and rollout to maximize the benefits of decompression for Marines and Sailors during the current conflict.

Conclusion

This paper presented the argument that a tailored decompression period designed to enhance specific resilience factors would assist Marines and Sailors in managing the transition from deployed operations to home, better prepare them to endure the stressors of follow-on deployments or civilian life, and increase resilience of the force. The perspective of combat commanders and leaders of Marines supports the value of decompression, but also reveals holes in the argument. Decompression is not a process that fits neatly into a 5-day post-deployment stand-down period, and decompression needs are unique to the individual. Perhaps the right answer is not to create more programs, but to allow engaged commanders, who are dedicated to building a culture of sturdiness and resilience within their units, to approach the problem in their own way. What is certain is that these leaders must be provided with the knowledge, resources, and methods with which to facilitate a smooth transition and mental reset for their Marines, Sailors, and their families.

The Marine Corps has learned a great deal from the past decade of conflict, and commanders understand the potential negative impacts of cumulative combat and operational stress. They embrace sensible resilience initiatives that allow them to leverage strengths of their warrior ethos, but they resist programs that seemingly tie their hands as leaders. In the words of one commander, “Resilience is not like flipping on a light switch, it is a culture within a command and set by the commander.”¹⁰⁶ This implies that the right way to enable decompression and facilitate psychological resilience is through intangible factors such as leadership, cohesion, and command climate. The Marine Corps’ role in current conflicts will continue to draw down, but new challenges will emerge, and the demands placed on warriors and their families will persist. Efforts to allay the effects of Combat and Operational Stress (COS) through decompression must keep pace in order for the Marine Corps to remain an effective and resilient fighting force that is ready to answer the nation’s call.

¹ Chairman of the Joint Chiefs of Staff, *Chairman's Total Force Framework*, CJCSI 3405.01, September 1, 2011, A-F-1, http://www.dtic.mil/cjcs_directives (accessed October 17, 2011).

² Charles W. Hoge, *Once a Warrior Always a Warrior* (Guilford, CT: Globe Pequot Press, 2010), xiv.

³ Hoge, xviii.

⁴ A dozen Marine commanders were surveyed for this paper. All of them are ground officers in the Infantry Marine Occupational Specialty. This was not intended to imply that input from aviation and logistics unit commanders is not relevant to the discussion. Further conversation on the subject should include a wider cross-section of Marine leadership.

⁵ Nisha N. Money, "Yoga Nidra (iRest) – Emotional & Cognitive Empowerment Training: A 'New Twist' on Treatment for Post Traumatic Stress Disorder (PTSD)," published in U.S. Air Force Surgeon General's Newsletter 2009, http://www.irest.us/sites/default/files/iRest%20for%20USAFArticle_0.pdf (accessed December 16, 2011).

⁶ U.S. Department of Defense, *Maintenance of Psychological Health in Military Operations*, DoDI 6490.05, November 22, 2011, 2, <http://www.dtic.mil/whs/directives/corres/pdf/649005p.pdf> (accessed December 17, 2011).

⁷ U.S. Department of Defense, *Defense Strategic Guidance*, January 5, 2012, (This quote is from President Obama's letter that accompanies the document; no page number listed).

⁸ From the COSC website: "The COSC Branch falls under the Personal and Family Readiness Division, Manpower and Reserve Affairs Department, HQMC. COSC establishes and oversees plans, policies, programs, training, research, and reporting procedures to promote the resiliency of Marines and Families to operational stressors, and their recovery from stress injuries." https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MR_OLD/COSC%20Home

⁹ Headquarters U.S. Marine Corps, *Combat and Operational Stress Control*, MCRP 6-11c (Washington, DC: U.S. Marine Corps, December 20, 2010), Foreword.

¹⁰ MCRP 6-11c, 1-2.

¹¹ MCRP 6-11c, N-1.

¹² MCRP 6-11c, N-3.

¹³ MCRP 6-11c, N-3.

¹⁴ Trish Powell, MCCOSC Director, conversation with author, March 20, 2012.

¹⁵ Jamie G.H. Hacker Hughes, Mark N. Earnshaw, Neil Greenberg, Rod Eldridge, Nicola T. Fear, Claire French, Martin P. Deahl, Simon Wessely, "The Use of Psychological Decompression in Military Operational Environments," *Military Medicine* 173, no. 6 (June 2008): 534.

¹⁶ Elizabeth A. Stanley and Amishi P. Jha, "Mind Fitness: Improving Operational Effectiveness and Building Warrior Resilience," *Joint Forces Quarterly*, issue 55 (4th Quarter 2009): 144-151, <http://www.ndu.edu/press/jfq-55.html> (accessed January 5, 2012).

¹⁷ Stanley and Jha, 145.

¹⁸ Hoge, 1.

¹⁹ Hoge, back cover.

²⁰ Hoge, xv.

²¹ Gina Cavallaro, "Amos Takes Command of the Corps," *Marine Corps Times*, October 22, 2010, <http://www.marinecorpstimes.com/news/2010/10/marine-commandant-amos-conway-102210w/> (accessed January 15, 2012).

²² Commandant of the Marine Corps, *Combat Operational Stress Control (COSC) Program*, MCBul 6490, September 18, 2008, 6, <http://www.militarystress.org/marine%20stress%20bulletin.pdf>. (accessed January 9, 2012).

²³ George W. Bristol, "Spiritu Invictus: The MARSOC PERRES Program—Intent, Methodology, Integration, and Future," (date unknown), 1.

²⁴ Bristol, 2.

²⁵ Bristol, 3.

²⁶ Bristol, 2, 4.

²⁷ Rhonda Cornum, Michael D. Matthews, Martin E.P. Seligman, "Comprehensive Soldier Fitness: Building Resilience in a Challenging Institutional Context," *American Psychologist* 66, no. 1 (January 2011): 4-9, <http://search.proquest.com>.

²⁸ John Ryan, "Soldier 360° Teaches Holistic Healing," *Army Times*, April 23, 2011, 1, <http://www.armytimes.com/news/2011/04/army-holistic-healing-taught-to-redeployed-troops-042311w/> (accessed February 25, 2012).

²⁹ Ryan, 2.

³⁰ United States Army, *Soldier 360° After Action Report Course 03-2010*, September 30, 2010, 8.

³¹ United States Air Force, *Air Force Resiliency Program Deployment Transition Center (DTC) Concept of Operations*, December 13, 2010, 4.

³² *DTC Concept of Operations*, 5-6.

³³ *DTC Concept of Operations*, 4, 21-22.

³⁴ United States Air Force, Power Point Presentation: "Evaluation of the Deployment Transition Center," (accessed February 3, 2012).

³⁵ Trish Powell, interview with author, February 3, 2012.

³⁶ Trish Powell, interview with author, February 3, 2012.

³⁷ MCRP 6-11c, U-1.

³⁸ The commanders interviewed for this paper shared a general feeling that the potential effectiveness of Warrior Transition briefs depends greatly upon command support for their value. They emphasized the need for leader involvement in the process. One commander specifically indicated that the method of delivery is critical to whether it will resonate with Marines and Sailors. (Lieutenant Colonel Brian Christmas, email to author, February 17, 2012.)

³⁹ Office of the Surgeon General of the United States Army Medical Command/Office of the Command Surgeon, HQ, USCENTCOM/Office of the Command Surgeon US Forces Afghanistan (USFOR-A), *Joint Mental Health Advisory Team 7 (J-MHAT 7) Report*, February 22, 2011, 4.

⁴⁰ *J-MHAT 7 Report*, 13.

⁴¹ *J-MHAT 7 Report*, 71.

⁴² RAND, *Promoting Psychological Resilience in the U.S. Military*, (Santa Monica, CA: RAND Corporation, 2011), 2.

⁴³ RAND, xiii, xiv.

⁴⁴ RAND, 23. Table 2.4 from the RAND study summarizes moderate and strong supporting evidence for these resilience factors based on the 270 pieces of literature reviewed.

⁴⁵ The list of resilience factors in Appendix A was taken from RAND, 21-22, Table 2-3. None of the words or definitions were changed.

⁴⁶ MCRP 6-11c, 1-2.

⁴⁷ Figure 1, created by the author, provides a visual model that incorporates suggested elements of a post-deployment decompression program.

⁴⁸ Trish Powell, interview with author, February 3, 2012.

⁴⁹ Charles W. Hoge, "Interventions for War-Related Posttraumatic Stress Disorder: Meeting Veterans Where They Are," *Journal of the American Medical Association* 306, no. 5 (August 3, 2011): 549-551, <http://jama.ama-assn.org> (accessed August 2, 2011).

⁵⁰ Hughes et al, 538.

⁵¹ *Once a Warrior Always a Warrior* is likely to resonate with Marines and Sailors because of Hoge's credibility as a retired servicemember who has experienced the chaos of the battlefield, and because of the accessible and practical way in which he presents the information. The LANDNAV skills presented in the book are useful tools that can be understood and applied by a single individual, and they would translate well into an interactive, small-group classroom setting. Additionally, Hoge weaves the story of Army First Sergeant Michael Schindler (Retired) throughout the book; the first-person account of this Vietnam Veteran appeals to warriors because they can relate to his struggles and find inspiration in his triumph.

⁵² Richard G. Tedeschi and Richard J. McNally, "Can We Facilitate Posttraumatic Growth in Combat Veterans?" *American Psychologist* 66, no. 1 (January 2011): 19-24, <http://search.proquest.com>.

⁵³ RAND, 21.

⁵⁴ Hoge, 97.

⁵⁵ Hoge, 143.

⁵⁶ Hoge, 144.

⁵⁷ RAND, 21.

⁵⁸ Hoge, 154.

⁵⁹ Hoge, 160.

⁶⁰ Commandant of the Marine Corps, *Deployed Unit Cohesion Staffing*, MARADMIN 585/11, October 4, 2011. <http://www.marines.mil/news/messages/Pages/MARADMIN585-11.aspx> (accessed February 5, 2012).

⁶¹ Hoge, 117.

⁶² Hoge, 117.

⁶³ Charles W. Hoge, "Interventions for War-Related Posttraumatic Stress Disorder: Meeting Veterans Where They Are," 550.

⁶⁴ Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York: Scribner, 1994), 61.

⁶⁵ Shay, 55.

⁶⁶ Drew T. Doolin, "Healing Hidden Wounds: The Mental Health Crisis of America's Veterans," *Joint Forces Quarterly*, issue 54 (3^d Quarter 2009): 74, <http://www.ndu.edu/press/> (accessed January 5, 2012).

⁶⁷ RAND, 22.

⁶⁸ Hoge, *Once a Warrior Always a Warrior*, 28.

⁶⁹ National Center for Complementary and Alternative Medicine, *CAM Basics Pamphlet*, <http://nccam.nih.gov/health> (accessed January 20, 2012).

⁷⁰ Money, 2.

⁷¹ Overview of iRest in the Military, <http://www.irest.us/projects/veterans> (accessed January 20, 2012).

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- ⁷² Money, 2.
- ⁷³ Money, 2.
- ⁷⁴ MCRP 6-11c, J-1, 2.
- ⁷⁵ Money, 3.
- ⁷⁶ Money, 3.
- ⁷⁷ Money, 1.
- ⁷⁸ Money, 3.
- ⁷⁹ Lieutenant Colonel Jim Fullwood, email to author, February 10, 2012.
- ⁸⁰ Abraham H. Maslow, "A Theory of Human Motivation," *Psychological Review* 50, (1943): 370-396. Maslow's paper was originally published in *Psychological Review* in 1943. The PDF version of the original article was accessed via the following site:
<http://downloads.joomlancode.org/trackeritem/5/8/7/58799/AbrahamH.Maslow-ATheoryOfHumanMotivation.pdf> (accessed March 19, 2012).
- ⁸¹ John T. Cacioppo and William Patrick, *Loneliness: Human Nature and the Need for Social Connection*, Kindle Edition, (New York: W.W. Norton & Company, Inc., 2008), Kindle Locations 248-253.
- ⁸² Cacioppo and Patrick, Kindle Locations 440-448.
- ⁸³ Lieutenant Colonel Kyle Ellison, phone interview with author, February 21, 2012.
- ⁸⁴ Laurie B. Sloane and Matthew J. Friedman, *After the War Zone: A Practical Guide for Returning Troops and Their Families*, (Cambridge, MA: Da Capo Press, 2008), 117.
- ⁸⁵ Lieutenant Colonel George Benson, email to author, February 13, 2012.
- ⁸⁶ Lieutenant Colonel George Benson, email to author, February 13, 2012.
- ⁸⁷ Colonel Willard Buhl, email to author, February 14, 2012.
- ⁸⁸ Lieutenant Colonel David Hudspeth, email to author, February 7, 2012.
- ⁸⁹ Lieutenant Colonel Kyle Ellison, phone interview with author, February 21, 2012.
- ⁹⁰ Lieutenant Colonel Brian Christmas, email to author, February 17, 2012.
- ⁹¹ Colonel Eric Smith, email to author, February 7, 2012.
- ⁹² Lieutenant Colonel George Benson, email to author, February 13, 2012.
- ⁹³ Lieutenant Colonel Brian Christmas, email to author, February 17, 2012.
- ⁹⁴ Colonel John Shafer, email to author, February 15, 2012.
- ⁹⁵ Colonel Eric Smith, email to author, February 7, 2012.
- ⁹⁶ Colonel John Shafer, email to author, February 15, 2012.
- ⁹⁷ Lieutenant Colonel Jim Fullwood, email to author, February 10, 2012.
- ⁹⁸ Lieutenant Colonel George Benson, email to author, February 13, 2012.
- ⁹⁹ Lieutenant Colonel Brian Christmas, email to author, February 17, 2012.
- ¹⁰⁰ Colonel John Shafer, email to author, February 15, 2012.
- ¹⁰¹ Lieutenant Colonel Jim Fullwood, email to author, February 10, 2012.
- ¹⁰² Lieutenant Colonel George Benson, email to author, February 13, 2012.
- ¹⁰³ Lieutenant Colonel Matt Baker, phone interview with author, February 16, 2012.
- ¹⁰⁴ Trish Powell, interview with author, February 3, 2012. Colonel Bill Jurney, email to author, February 15, 2012.
- ¹⁰⁵ Lieutenant Colonel Kyle Ellison, phone interview with author, February 21, 2012.
- ¹⁰⁶ Colonel Stephen Neary, email to author, February 15, 2012.

APPENDIX A

Table 2.3
Summary of Final Evidence-Informed Resilience Factors That Promote Resilience

Resilience Factors	Operational Definition
Individual Level	
Positive coping	The process of managing taxing circumstances, expending effort to solve personal and interpersonal problems, and seeking help to reduce or tolerate stress or conflict, including active/pragmatic, problem-focused, and spiritual approaches to coping
Positive affect	Feeling enthusiastic, active, and alert, including having positive emotions, optimism, a sense of humor (ability to have humor under stress or when challenged), hope, and flexibility about change
Positive thinking	Information processing, applying knowledge, and changing preferences through restructuring, positive reframing, making sense out of a situation, flexibility, reappraisal, refocusing, having positive outcome expectations, a positive outlook, and psychological preparation
Realism	Realistic mastery of the possible/having realistic outcome expectations, self-esteem/self-worth, confidence, self-efficacy, perceived control/acceptance of what is beyond control or cannot be changed
Behavioral control	The process of monitoring, evaluating, and modifying reactions to accomplish a goal (i.e., self-regulation, self-management, self-enhancement)
Physical fitness	Bodily ability to function efficiently and effectively in life domains
Altruism	Selfless concern for the welfare of others, motivation to help without reward
Family Level	
Emotional ties	Emotional bonding among family members, including shared recreation and leisure time
Communication	The exchange of thoughts, opinions, or information, including problem-solving and relationship management
Support	Perceiving that comfort is available from (and can be provided to) others, including emotional, tangible, instrumental, informational, and spiritual support
Closeness	Love, intimacy and attachment
Nurturing	Parenting skills
Adaptability	Ease of adapting to changes associated with military life, including flexible roles within the family

APPENDIX A

Table 2.3—Continued

Resilience Factors	Operational Definition
Unit Level	
Positive command climate	Facilitating and fostering intra-unit interaction, building pride/support for the mission, leadership, positive role modeling, and implementing institutional policies
Teamwork	Work coordination among team members, including flexibility
Cohesion	Team ability to perform combined actions; bonding together of members to sustain commitment to each other and the mission
Community Level	
Belongingness	Integration, friendships; group membership, including participation in spiritual/faith-based organizations, protocols, ceremonies, social services, schools, and so on; and implementing institutional policies
Cohesion	The bonds that bring people together in the community, including shared values and interpersonal belonging
Connectedness	The quality and number of connections with other people in the community; includes connections with a place or people of that place; aspects include commitment, structure, roles, responsibility, and communication
Collective efficacy	Group members' perceptions of the ability of the group to work together

NOTE: Two of the individual-level resilience factors included in the final list of 20, physical fitness and altruism, were not identified from the literature review. Therefore, we did not rate the evidence for them. However, because the expert panelists suggested that they be added, we conducted a post hoc search of our existing literature database and identified a few documents that discussed these as potential resilience factors.

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